

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKOzan Williams541-11-00138

(In the space above enter the full name(s) of the plaintiff(s).)

v.

Defendant No. 1 O'Brien from District 9
With John

Defendant No. 2 Doe number # One
and these Two

Defendant No. 3 Other John Doe
where the firest

Defendant No. 4 people on the scene
and with others I

Defendant No. 5 have a claim number
08-38777 they have all the names.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Ozan Williams
 ID # 541-11-00138
 Current Institution C.P.S.U
 Address 09-09 HAZEN ST
East Elmhurst, New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

FILED
 IN CLERK'S OFFICE
 US DISTRICT COURT E.D.N.Y.

★ NOV 04 2011 ★

BROOKLYN OFFICE

Amended

COMPLAINT

under the
 Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☒ No ☐
 (check one)

Claim number
08-38777

11-CV-4690

Defendant No. 1 Name OBrien Shield # _____
 Where Currently Employed District 9
 Address 120 pct
STATEN Island N.Y 10301

Defendant No. 2 Name John Doe was his partner Shield # _____
 Where Currently Employed 120 pct District 9
 Address STATEN Island
N.Y 10301

Defendant No. 3 Name John Doe was with them Shield # _____
 Where Currently Employed STATEN Island 120 Pct.
 Address 120 Pct
STATEN Island N.Y 10301

Defendant No. 4 Name John Doe his partner Shield # _____
 Where Currently Employed District 9
 Address STATEN Island N.Y
10301

Defendant No. 5 Name John Doe Shield # _____
 Where Currently Employed 120 Pct
 Address STATEN Island

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? (08-38777) out side
91 Baard ST STATEN Island N.Y 10304

B. Where in the institution did the events giving rise to your claim(s) occur? (08-38777)
91 Baard Street in front

C. What date and approximate time did the events giving rise to your claim(s) occur? (08-38777) August
26, 2008 7:55 p.m

What
happened
to
you?

Who
did
what?

Was
anyone
else
involved?

Who
else
saw
what
happened?

D. Facts: I was going to see my baby mother that use to live at 91 Baordst two under cover jump out on me saying I looked like I was the person they was looking for a robbery to show them my I.D I did what I was told then they wanted to search me I let them and then the officer obrien want me to go to the precinct I asked for what? obrien said just get in the car I asked was I under arrested he just started pucking me in my face to be honest I was ~~not~~ to get high but they stop me for no reason if I wasn't arrested why was I going in the car but just before I got there they started beating on me kicking me when I was on the floor my back was being hit by other officers that he called in for me blood was every where and I called C.C.R.B about the situation my court situation and my health was being treted too it was alot of people out at the time

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

pain all over my body they took pictures of my face they put it on the news for this case I am here on now that had nothing to do with this picture they show for this case my back still in pain I got hosptial ~~rec~~ records about everything.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). C-95 18-18 HAZEN ST

Bare Hill up state, E. Elmhurst N.Y 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? 08-38777 and I have more I got to
send it to you

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? To the grievance community

1. Which claim(s) in this complaint did you grieve? it was two of
them but I only have one cause I'm in the
Box

2. What was the result, if any? medican for pain
and for my eyes

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. yes

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes ☒ No ☐

1. If YES, whom did you inform and when did you inform them? When

I got to the jail I talk to the
Captain in each jail

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I called C.C.R.B about everything

that I am saying to you so if anyway
we can contact them for information I am
willing but they have me in the box so I am
very limit to get the information I need

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. I want a law suit for
pain I can't see like that out my eye's now
from the assault my back pain be bothering
me my health is very much my situation
I have to handle on my own do to the fact
that theys cops keep bothering me coming
to my home searching my places I feel
like I be getting sit up all the time it
feel so crazy to have people of the law
out to get me I wish this can stop.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No _____

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this 27 day of October, 2011. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff	<u>Oyan Williams</u>
Inmate Number	<u>541-11-00138</u>
Mailing address	<u>09-09 HAZEN ST</u> <u>East Elmhurst,</u> <u>New York 11370</u>

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27 day of October, 2011, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Oyan Williams

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

OZAN Williams
541-11-00138

Plaintiff

-vs-

REQUEST TO PROCEED
IN FORMA PAUPERIS

OBrien, John Doe, John Doe, Defendant(s)
John Doe, John Doe, John Doe

I, OZAN Williams, am the plaintiff in the above entitled case. I hereby request to proceed without being required to prepay fees or costs or give security therefore. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are **NOT PRESENTLY EMPLOYED**:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month.

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

a) Are you receiving any public benefits? ☒ No. ☐ Yes, \$ _____

b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$ _____

4. Do you have any money, including any money in a checking or savings account? If so, how much?

5. Do you own any apartment, house or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, _____

6. List the person(s) that you pay money to support and the amount you pay each month.

7. Do you pay for rent or for a mortgage? If so, how much each month?

8. State any special financial circumstances which the Court should consider.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration. In addition, if I give a false answer I will be subject to the penalties for perjury.

I declare under the penalty of perjury that the foregoing is true and correct.

Signed this 27 day of October, 2011.


(signature)



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: OZAN Williams v. O'Brien, John Doe, John Doe, John Doe, John Doe
(Enter the full name of the plaintiff(s)) (Enter the full name of the defendant(s))

Docket No: No. 11 Civ. 4690 (KAW) CLP
(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, OZAN Williams (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

October 27, 2011
Date signed

Ozan Williams
Signature of Plaintiff
541-11-00138
Prisoner I.D. Number

C.P.S.U 09-09 HAZENST E. Elmhurst.
Name of current facility